DOI: https://doi.org/10.54393/pjhs.v4i03.631

PAKISTAN JOURNAL OF HEALTH SCIENCES

https://thejas.com.pk/index.php/pjhs

Volume 4, Issue 3 (March 2023)

Original Article

Public Perception and Satisfaction with Health Insurance through Sehat Insaaf Card in Punjab

Ferheen Shahbaz[1*], Muhammad Bilal Afzal[1], Hassan Huda Abbasi[1], Raja Sajjad Asghar[1], Bakht Muhammad[1], Asia Ashfaq[1], Nauman Ali Chaudhary[1], Muhammad Naveed Tahir[1], Javeria Saleem[1] and Naveed Haider[1]

[1]Department of Public Health, University of The Punjab, Lahore, Pakistan

ARTICLE INFO

Key Words:

Sehat Sahulat Program, Sehat Insaaf Card, Universal Health Coverage, Insurance, Sustainable Development Goals(SDGs)

How to Cite:

Shahbaz , F. ., Bilal Afzal, M., Huda Abbasi, H., Sajjad Asghar, R., Muhammad, B. ., Ashfaq, A., Ali Chaudhary, N., Naveed Tahir, M., Saleem, J., & Haider, N. . (2023). Public Perception and Satisfaction with Health Insurance through Sehat Insaaf Card in Punjab: Health Insurance through Sehat Insaaf Card. Pakistan Journal of Health Sciences, 4(03), 181–184. https://doi.org/10.54393/pjhs.v4i03.631

***Corresponding Author:**

Ferheen Shahbaz

Department of Public Health, University of The Punjab, Lahore, Pakistan

ferrikhan044@gmail.com

Received Date: 9th March, 2023

Acceptance Date: 29th March, 2023

Published Date: 31st March, 2023

ABSTRACT

Sehat Sahulat program, universal health coverage for the population of Pakistan, had been implemented since 2015 and the accessibility and universality of all the services got implemented in 2020 all over Punjab. Health is the right of every person, and the Sehat Insaaf card was found to provide equal rights and benefits to all. An initiative by WHO, which provide essential health services. **Objective:** To find the perspective of people who availed of the Sehat Insaaf card, either for medical treatment or surgical procedure, and evaluate the level of satisfaction with the Sehat Sahulat program among the population. **Methods:** A Descriptive Observational Study, with a sample size of 350 calculated on the WHO calculator for survey analysis version 2.0, based on survey style questionnaire filling, to calculate the satisfaction level by Likert scale among patients and attendants, who had their treatment and surgeries in Akram Medical Complex, Lahore. The study had been conducted for 6 months, from August 2022 to February 2023. **Results:** Statistical tests were applied on data to evaluate the percentage and cumulative percentage of satisfaction. The overall satisfaction score was 98.765%. the cumulative percentage for satisfaction rate for surgeries was high than the medical treatments with a percentage of 89.653 for surgical procedures and 74.564% for medical check-ups. **Conclusions:** The Sehat Sahulat program proved a successful program facilitating in countries like Pakistan and all over Punjab, a load of patients from government tertiary care hospital had been divided, and rich and poor are equally facilitated.

INTRODUCTION

Basic healthcare facilities are the right of every person nearly half of the population is deprived of basic healthcare facilities. The universal health coverage initiative by the world health organization is working under the agenda to provide health care services, disease prevention, and rehabilitation to the nation [1]. UHC targeted nations from low social economic backgrounds areas to provide universal health care services to all. The parameters involved include financial risk protection. accessibility of health care services, effective health care services, affordable health care services, and vaccination for all. Pakistan is categorized as a low and middle-income country in south Asia with a population of 22 million [2]. Punjab is the second-largest province in Pakistan. Many healthcare programs by the WHO were previously implemented under the umbrella of SDGs sustainable developmental goals. Previously these national health services were under the federal government but now Punjab is overtaking the implementation of the SSP Sehat Sahulat program by itself [3]. The census data from the bureau of statistics and the Pakistan social economic ministry Sehat Sahulat program is working in collaboration. The total number of families involves 41480603 dated 9th of march 2023. The priority services provided by the SSC program included nutrition, immunization, health insurance, upgrading emergency care facilities, uniform

DOI: https://doi.org/10.54393/pjhs.v4i03.631

diagnostic rates, and complaint management systems. The Sehat Sahulat program is working for health insurance coverage in all 36 districts of Punjab [4]. School health and nutritional program, in public schools. In Pakistan, nearly 40 percent of the population is living under the poverty line making it unrealistic for these members of the population to rely on the private sector [5]. The accessibility of the program by NADRA is very easy and daily, private hospitals register themselves for the program. Integrated health management system to provide better services across Punjab is working for standardization of private and public health care facilities. The charter and the beneficial program mentioned on the website is daily updating [6]. Not only for updating the census data of enrolled participants but also for the improvement of the program. Right from the implementation of the program in 2015 the domains of the program will be implemented in 2030 [7]. SDGs which were adopted by Pakistan in February 2016 have been used as indicative and reference markers for the Sehat Sahulat program SDG 1 corresponds with the poverty exclusion from the population health for all and is also one of the main agendas of the SDGs. many social evils come with poverty like corruption is paramount [8]. The health care facilities helped us to live in a better environment. The Sehat Insaaf card was expected to provide accessible and affordable quality services to more than 80 million people in the upcoming year. Government and non-government organizations collaborating with the Sehat Sahulat program target quality services and bring benefits to the general public who are the beneficiaries of the program [9].

METHODS

An Observational Descriptive Study of 350, Non-Probability, Purposive Sampling., patients or attendants in Akram Medical Complex, Lahore. The patients who got their treatment on Sehat Insaaf card and availed of the services were included in the study. While the private patients in OPD or emergency department, the patients who were refused and did not fall under the domains of health care (Cosmetology Surgery), and patients who were having 3rd or 4th surgery and running out of credit for health care, were excluded. This study was conducted for a period of 6 months (August 2022 to February 2023). A survey method questionnaire specifically designs scoring; satisfaction level in patients getting their treatment on health cad, quality of services, and basic health care challenges they experienced. Informed and written consent was taken from the parents of patients after the introduction of the research purpose. This study followed the World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects (Helsinki 2013). Results were expressed as frequency and percentages and satisfaction level was calculated. Statistical evaluation was performed by running the SPSS/PC software package 24.0 (SPSS, Inc., Chicago, IL, USA).

RESULTS

Response rate calculating the level of satisfaction. The accessibility of the card scored 82.45. choice of consultant and services scored 75.97%. relief from medicine financial burden scored 100%. the quality of services scored 95.76%. and a cumulative percentage of 99.19% of respondents supported this service to continue (Table 1).

Table 1: Response rate of the population, who availed the Sehat Insaaf card facility

Questions	Always	Often	Sometimes	Occasional	Never
Was the service easily available?	82.45	9.2	3.1	1.8	—
Did you find your desired consultant's service by health card?	75.97	15.9	4.8	-	-
Did you have to pay anything extra at the hospital?	00	00	00	00	100
Are you satisfied with the behavior of healthcare personnel?	76.90	12.99	7.9	—	—
Are you satisfied with the treatment you got on Sehat Insaaf card?	95.76	10.5	3.6	—	—
Did you experience any kind of difficulty in availing of the offer?	75.78	17.90	6.9	—	—
Do you want this service to continue?	99.19	0.03	0.78	0.9	0.2
If you think that the service needs any changes?	-	2.67	4.56	-	95.78

p-value=0.0017

The satisfaction level for the surgical procedure had a percentage of 74.5645%, satisfaction level of surgical procedures had a percentage of 89.653%, overall satisfaction level had an optimal positive percentage of 98.765% (Table 2).

Table 2: Satisfaction level for the surgical procedure

Satisfaction level, descriptive calculations	Never
Satisfaction level for medicine treatments	261(74.564)
Satisfaction level for surgical treatments	314(89.653)
Overall satisfaction score	343(98.765)

Supporting response for the Sehat Sahulat program was 79.0% calculated based on the accessibility and efficacy of the program. With a valid percentage of 79% (Table 3).

Table 3: Response for the Sehat Sahulat program

Service accessibility and supporting response for the Sehat Sahulat program	Frequency (%)
No	21(21)
Yes	79.0(79)

DOI: https://doi.org/10.54393/pjhs.v4i03.631

DISCUSSION

There are fewer studies available held in Punjab on the Sehat Sahulat program which can calculate the efficacy of the project. The satisfaction level of patients and the perception of health care facilities that are provided by the program have not been calculated previously. Some review articles discussed the UHC preliminary face SSC agendas and SDGs formulation in Punjab. In our study, we focused on the population who had availed of the health care facility through the Sehat Sahulat program. The output for the medical treatments had a relatively low percentage of satisfaction while the free surgical procedures in private setups had a greater satisfaction level [10]. We used the same classification which had been used by the charter of the Sehat Sahulat program. the same division of disease packages was used. And the satisfaction level was calculated by the percentage. Previously no such quantitative study was conducted on the Sehat Sahulat program. We experienced a lack of information regarding some procedures and medical checkups. Priority and secondary disease packages for heart, dialysis, organ failure, cancer management, neurosurgical procedures, surgical treatments, and maternity services scored high with high cumulative percentages with a positive response rate from the population. While the disease packages for diabetes mellitus complications, burns, and accidents, chronic disease necessitating admissions and medical procedures had a satisfaction level of moderate level. The overall satisfaction score among the population was very high with a frequency of 343 and a percentage of 98.765%. Pakistan has a poor socioeconomic profile, with a high poverty rate and low literacy rate. The literacy rate was a common predictive variable for the level of knowledge. In this study, we encounter the population who had availed the treatment by the Sehat Insaaf card and the literacy rate was not assessed to check the socio-demographics of the population [11]. If we compare Pakistan to south Asian and global counterparts, Pakistan has a long way to go in matching the healthcare provision of primary secondary, and tertiary healthcare departments. Key achievements include the accessibility and efficacy of the Sehat Insaaf card. And quality services for all in the health care system of Punjab. The implementation of the project had a very high satisfaction rate among the population without socioeconomic differences. This plan is the execution of a universal healthcare system in Punjab and all over Pakistan [12, 13]. The human development index HDI by the United Nations concluded on 189 countries which Pakistan was ranked 154th position. The ranks were decided on the base of education health and standards of living. And if we compare Pakistan to other countries we are lacking far behind. The COVID 19 worsened the situation and pandemic effects on the health system are still not covered [14]. If we compare UHC in Pakistan and other third-world countries like BANGLADESH and ETHIOPIA, the program is implemented under WHO but in the integration of the program, Reich and his colleagues evaluated the program specification which is still under the initial programming stage. While in Pakistan or specifically in Punjab the UHC had been successfully implemented. Comparing the UHC program globally VIETNAM, GHANA, and PERU are the countries where this program is an ultimate success either for medicine or surgical procedures the satisfaction rate is 100% similar to in Punjab, Pakistan, there are gaps in some services about dentistry, and cosmetology which are under process [15]. The satisfaction rate of the program universal health is very low in some countries like BRAZIL, THAILAND, and TURKEY. The sustainability of the project is below average. While in Pakistan the UHC is successfully implemented in all provinces [16]. Ikegami *et al.*, study found that Japan has an advanced form of universal health coverage system, divided into two groups employee-based and community-based groups. The universality of insurance is implemented in 1961. the negative side is income-paid premium packages that are not equal for all. While in Punjab the universality is equal no discrimination in different economic classes. As discussed in our study, no socio-economic difference is found among beneficiaries of the Sehat Insaaf Card [17]. In Canada and USA, self-reported health is based on income. A middle-income person was in the category of poor or fair health insurance category in Canada and the same applies in the US. US citizens used the Medicare program for basic health coverage. Also, there is a specific age for basic health care coverage that is under 65 found in Canada but not in the US. These drawbacks are not part of universal health coverage and were proven by our study [18]. The Sehat Insaaf card expands its facility to every person and made it accessible to all [19]. Daily data uploaded on the website for the entries of medicine and surgery cases. The data is online readable and accessible by every person. That is an advantage of using the Sehat Sahulat Program [20].

CONCLUSIONS

Although it seems that Pakistan has a long way to go before matching its South Asian and global counterparts in its primary, secondary, and tertiary healthcare provisions, the Sehat Sahulat program proved a successful program facilitated in countries like Pakistan and all over Punjab. The load of patients from government tertiary care hospital had been divided, and rich and poor are equally facilitated.

Conflicts of Interest

The authors declare no conflict of interest.

DOI: https://doi.org/10.54393/pjhs.v4i03.631

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

REFERENCES

[1] The World Bank. Population, Total Pakistan. [Last Cited: 10th Oct 2021]. Available at: https://data.worldbank.org/indicator/SP.POP.TOTL?locations=PK

[2] UNICEF. Levels and Trends in Child Mortality. [Last Cited: 1st January 2023] Available at: https://data.unicef.org/resources/levels-and-trends-in-child-mortality/

[3] World Bank. Development Indicators for Pakistan. [LastCited:7thMar2022].Availableat:https://databank.worldbank.org/country/PAK/556d8fa6 /Popular_countries

[4] World Health Organization (WHO). Universal Health Coverage. [Last Cited: 10th Oct 2021]. Available at: https://www.who.int/health-topics/universal-health-coverage#tab=tab_1

[5] World Health Organization (WHO). Universal Health Coverage. Fact Sheet. [Last Cited: 10th Oct 2021]. Available online: https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

[6] World Health Organization (WHO). Global action plan for the prevention and control of NCDs 2013–2020. [Last Cited: 14th Nov 2013]. Available at: https://www.who.int/publications/i/item/9789241506236

[7] The Express Tribune. Poverty causes and solutions. [Last Cited: 11th Jan 2020]. Available at: https://tribune.com.pk/letter/2134522/poverty-causes-solution.

[8] Reich MR, Harris J, Ikegami N, Maeda A, Cashin C, Araujo EC, *et al*. Moving towards universal health coverage: lessons from 11 country studies. The Lancet. 2016 Feb; 387(10020): 811-6. doi: 10.1016/S0140-6736(15)60002-2.

[9] Meo MS, Kumar B, Chughtai S, Khan VJ, Dost MK, Nisar QA. Impact of unemployment and governance on poverty in Pakistan: a fresh insight from non-linear ARDL co-integration approach. Global Business Review. 2020: 0972150920920440. doi: 10.1177/0972150920920440

[10] Arif SMAWK, Bannian B, Gardazi SMF. Situation of Poverty in Pakistan and its commitments with respect to Sustainable Development Goals: prospects and challenges. Global Economics Review. 2022 Mar; 7(1):1–8. doi:10.31703/ger.2022(vii-i).01

[11] Peer A. Global poverty: Facts, FAQs, and how to help. World Vision. 2021.

[12] International The News. Pakistan ranks 130 out of 139 countries in adherence to rule of law. [Last Cited: 19th Oct2021].Availableat:https://www.thenews.com.pk/print/901483-pakistan-ranks-130-out-of-139-countries-in-adherence-to-rule-of-law

[13] Dawn. The missing third: An out-of-school children study of Pakistani 5-16 year-olds. 2021. [Last Cited: 3rd Sep 2021]. Available at: https://www.dawn.com/news/1643918

[14] Yasmin S. Exploring public and private providers experience with Sehat Sahulat program in Pakistan.2022 Jun: 1-72.

[15] Said MH, Khan A, Ahmad M, Amin H, Khan RA, Khan MH, *et al*. Review Of Reforms Brought By Provincial Government Of KP In Health Sector. Ilkogretim Online. 2020; 19(4): 6436-48.

[16] World Health Organization (WHO). Trends in Maternal Mortality: 1990 to 2013. [Last Cited: 26th Mar 2023. Availableat:https://apps.who.int/iris/bitstream/handle/10665/112682/9789241507226_eng.pdf;jsessionid=2E87C871A12DC2158183E96792603AF7?sequence=2

[17] Ikegami N, Yoo BK, Hashimoto H, Matsumoto M, Ogata H, Babazono A, *et al*. Japanese universal health coverage: evolution, achievements, and challenges. The Lancet. 2011 Sep; 378(9796): 1106-15. doi: 10.1016/S0140-6736(11)60828-3

[18] Decker SL and Rentier DK. How much might universal health insurance reduce socioeconomic disparities in health? A comparison of the US and Canada. Applied Health Economics and Health Policy. 2004 Dec; 3: 205-16. doi: 10.2165/00148365-200403040-00004.

[19] Global Village Space. PM Khan Govt Aggressively Expands Sehat Card across Punjab. [Last Cited: 7th Mar2022].Availableat:https://www.globalvillagespace.com/pm-khan-govt-aggressively-expands-sehat-card-across-punjab/

[20] World Bank. Pakistan National Social Protection Programme. Technical Assessment Results. [Last Cited: 7th Mar 2021]. Available at: https://documents1.worldbank.org/curated/en/111621489672698369/113568-FSA-PUBLIC-P158643-Pakikstan-National-Social-Protection-PforR-Technical-Assessment.docx.